



SWRETAC Pre-Hospital Trauma Destination Guidelines

Overview

SWRETAC takes pride on having seven scenic and historic byways, four national forests, three wilderness areas, and seven state and national parks and recreation areas. Geographically SWRETAC is located between the southwestern edge of the Rocky Mountains and the eastern edge of the Colorado Plateau. SWRETAC encompasses approximately 6,584 square miles, 45% are public lands, 38% are private lands and 17% are tribal lands.

Southwest RETAC has one Level III Trauma Center, and three Level IV Trauma Centers.

This guideline applies to SWRETAC Pre-Hospital transporting agencies and SWRETAC Hospitals to determine the hospital transport destination for scene trauma victims. In accordance to CDPHE, each RETAC shall have an approved Pre- Hospital Trauma Destination Guideline and is assessed for effectiveness.

Assessment of compliance within the SWRETAC Pre-Hospital Trauma Destination Guideline will be the responsibility of each EMS agency Medical Director. In addition, SWRETAC Regional Medical Direction committee will also assess current effectiveness of guideline and review cases as deemed applicable. SWRETAC EMS Medical Directors shall participate on the Regional Medical Direction committee to contribute to assessment of effectiveness of regional guideline and updates as deemed necessary.

Application of Guidance

- This algorithm applies to both aeromedical and ground scene transports.
- During a multiple casualty event, SWRETAC MCI Field Operation Guidelines will be utilized in destination decisions. Circumstances of the Mass Care incident will also determine transport and destination decisions under discretion of the Incident Commander of the event. Ideally, Mass Care transport destination decisions will be made in a Joint Incident Command structure.

EMS and Facility status:

EMS service:

- **Bypass** – Is initiated by a pre-hospital transporting agency in accordance with this SWRETAC destination protocol and medical control guidance. Bypass by ground ambulances shall be coordinated with on-duty medical control. Bypasses by aeromedical shall follow agency medical control policies.

ED status: *(ALL ED status shall be updated daily on EMResource)*

- **Open**-Accepting all EMS traffic/transport
- **Advisory**- Specific limitations exist (ie: CT down, busy, helipad down, etc)
- **ED Divert status**- Facility cannot currently accept EMS traffic/transport.

ED Divert is initiated by a SWRETAC hospital. A facility may divert a patient originating within their catchment area only if the facility does not have critical capacity and/ or capability. Due to limited resources and geographical location to rapid stabilization access in SW CO; diversion for hospitals shall only be done after exhausting all efforts. Diversion of pre-hospital patients shall be communicated and coordinated with EMS ground and aeromedical services in the hospital's catchment area. Hospitals on divert shall communicate to all SW Hospitals and RETAC of the diversion status and rationale. In some cases, hospitals on divert will need to consider accepting pre-hospital patients that need stabilization and transport to higher level of care, due to the grave distance to divert to another facility. Hospitals that go on divert shall work with pre-hospital and other neighboring hospitals for pre-planning destination alternative plans.

A record of the diversion shall be maintained by the hospital after each episode which includes a record of appropriate approval, type of diversion, rationale, time of diversion initiation and completion. All diversions shall undergo documented QA process by the hospital, EMS agency and RMDL.

Facilities will follow Colorado state rules and regulations on divert and bypass in coordination with SWRETAC.

- **No ER**- No ER at this Facility
- **Closed**- Facility is closed

Non- SWRETAC Destination and Resources utilized:

Due to our geographical location, SWRETAC borders Arizona, New Mexico and Utah, often allowing quicker access to healthcare across state-lines, especially during weather conditions. In addition, special centers such as Burn Center are more readily accessible out of state. Due to these circumstances, it is not uncommon for a scene aeromedical flight to transport out of state to appropriate level of care. Ground EMS transport to out of state hospitals is less likely, unless there is a Mass Care event or hospital diversion status.

Definition of “Closest Appropriate”:

The definition of “**closest appropriate**” throughout this document refers to the highest level available in the timeliest manner.

SWRETAC Regional Trauma Facility Destinations:

Animas Surgical Hospital- Durango, CO (Level IV)

Capabilities:

Emergency Department, Surgical capabilities of: Orthopedic, Spine, ENT, GYN (NO OB), Ophthalmology/ Retinal, Plastic & Reconstructive, Urology, and NO General surgeons.

No Helipad

Mercy Regional Medical Center- Durango, CO (Level III)

Capabilities:

Emergency Department, Surgical capabilities of: Orthopedic, Spine, ENT, GYN & OB, Plastic & Reconstructive, Urology, and General & Vascular surgeons.

Helipad on site and FFL base

Pagosa Springs Medical Center- Pagosa Springs, CO (Level IV)

Capabilities:

Emergency Department, Surgical capabilities of: Orthopedic, General surgeons.

Helipad on site

Southwest Memorial Hospital- Cortez, CO (Level IV)

Capabilities:

Emergency Department, Surgical capabilities of: Orthopedic, GYN & OB, and General surgeons

Helipad on site

Boundary/Border SWRETAC Regional Trauma Facility Partners:

San Juan Regional Medical Center- Farmington, NM (Level III) w/ Neurosurgery

Capabilities:

Emergency Department, Surgical capabilities of: Orthopedic, ***Neurosurgery 24/7**, ENT, GYN & OB, Plastic & Reconstructive, Urology, and General, Neurosurgical, Vascular surgeons, Interventional Radiology and Rehabilitation hospital.

***Certified Stroke Center and 2 Cardiac Cath Labs 24/7**

***“Trauma One Call Line” [877-632-2480](tel:877-632-2480)**

Helipad on site and AirCare base

St. Mary’s Hospital- Grand Junction, CO (Level II)

Capabilities:

Emergency Department, Surgical capabilities of: Orthopedic, Neuro-Spine, ENT, GYN & OB, Plastic & Reconstructive, Urology, and General, Neurosurgical, Vascular, Pediatric and Cardio-Thoracic surgeons.

Certified Stroke Center

Helipad on site and CareFlight base

AirMedical resource agency capabilities:

Air Care (Farmington, NM):

Aircraft (number of craft and capacity)

- 24/7 airplane 2-patient capacity, IFR (Instrument Flight Rules), cargo door
- 24/7 helicopter 2-patient capacity, IFR

Specialty capabilities:

- Night Vision
- Ventilator on board, Balloon Pump and Impella capable, IV pumps, blood warmer
- High-risk OB w/ fetal monitoring
- Blood immediately available- O-Neg for scene and interfacility when requested.

Flight for Life (Durango, CO):

Aircraft (number of craft and capacity):

- Helicopter (Eurocopter A-Star B3) (1) 24/7 variable
- Airplane (Beechcraft KingAir 200) (1) 12/7 coverage variable

Specialty capabilities:

- Search and Rescue specialty programs (Lift Ticket and Avalanche Deployment)
- Pediatric trauma and medical patients > 30 days and >5 kilos
- Obstetrical patients
- Intra-Aortic Balloon Pump patient transports
- Able to bring blood to scene or facility transports

CareFlight (Grand Junction and Montrose):

Aircraft (number of craft and capacity):

- Helicopters (2) 1 in Montrose and 1 in Rifle, 24/7 coverage. Both Eurocopter AS350's (single patient, very high altitude capable).
- Plane, King Air 200- Turbo Prop with 2 patient capabilities, based in Grand Junction, 24/7 coverage.

Specialty capabilities:

- Critical Care Ground transport vehicle based in Grand Junction
- NICU and High Risk OB Specialty teams
- Intra-Aortic Balloon Pump
- **Carry blood on every flight